

HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION CHURCHVILLE RECREATION COUNCIL		
2006 SPRING GYMNASTICS OFFERED FOR 1 ST GRADE AND UP <u>REGISTER BY MAIL</u> to ACPR GYMNASTICS, P.O. BOX 248, CHURCHVILLE, MD. 21028		
DAY	TIME	CLASS NAME
MONDAY 1 ST CLASS WILL BE HELD ON MAY 1 ST LAST CLASS ON JUNE 12 TH	5:30 to 6:30pm	6 to 7 year olds
	6:30 to 7:30pm	8 to 9 year olds
	7:30 to 8:30pm	6 to 7 year olds
TUESDAY 1 ST CLASS WILL BE HELD ON MAY 2 ND LAST CLASS ON JUNE 6 TH	2:00 to 3:00pm	Homeschool - 5 to 8 years
	3:00 to 4:00pm	Homeschool - 9 years & older
	4:30 to 5:30pm	6 to 7 year olds
	4:30 to 5:30pm	BOYS ONLY - 6 years & older
	5:30 to 6:30pm	8 to 9 year olds
	6:30 to 7:30pm	10 years & older
	7:30 to 8:30pm	Basic Tumb ling & Tramp*
	8:15 to 9:15pm	Adv. Tumbling & Tramp**
THURSDAY 1 ST CLASS WILL BE HELD ON MAY 4 TH LAST CLASS ON JUNE 8 TH	3:00 to 4:00pm	Homeschool - 5 to 8 years
FRIDAY 1 ST CLASS WILL BE HELD ON MAY 5 TH LAST CLASS ON JUNE 9 TH	4:30 to 5:30pm	Intermediate Gymnastics **
	5:30 to 6:30pm	10 years & older
	6:30 to 7:30pm	6 to 7 year olds
	7:30 to 8:30pm	8 to 9 year olds
SATURDAY 1 ST CLASS WILL BE HELD ON MAY 6 TH LAST CLASS ON JUNE 10 TH	9:00 to 10:00am	Intermediate Gymnastics **
	9:00 to 10:00am	6 to 7 year olds
	10:00 to 11:00am	8 to 9 year olds
	11:30 to 1:00pm	Advanced Gymnastics **
	3:00 to 4:00pm	6 to 7 year olds

* Gymnast must be 8 yrs or older for this class.
** Please call 410/836-2080 to see if your child is ready for this class.

All classes will be held at the Churchville Recreation Center and are on a first come basis contingent upon sufficient registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. THERE WILL BE NO REFUNDS OR TRANSFERS OF REGISTRATION. No registrations will be taken without payment. Checks are made payable to: CHURCHVILLE RECREATION COUNCIL. Your canceled check will be your receipt. For more information, call 410/836-2080.

REGISTRATION FEE: \$35/6 WEEKS - ADVANCED GYMNASTICS CLASS - \$45/6 WEEKS
If registering by mail, the address is: ACPR Gymnastics, P.O. Box 248, Churchville, MD. 21028

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2006 SPRING GYMNASTICS REGISTRATION

DAY:	TIME:	CLASS NAME:
CHILD’S NAME:	PHONE #:	
ADDRESS:	ZIP:	
DATE OF BIRTH:	AGE:	
PARENT’S NAME:		
EMERGENCY NAME & PHONE #:		
AMT. PD.	CASH	CHECK #
		REG. DATE

I agree that I will not hold the program, instructor, or the Churchville Recreation Council responsible for any injuries received while participating in the gymnastics program. I understand that there are inherent risks involved in any sport and I certify by my signature that my child is physically capable of participating in this program. Any physical conditions or allergies that the instructor should be made aware of _____.

PARENT’S SIGNATURE_____DATE_____

2006 SPRING GYMNASTICS OFFERED FOR PRE-SCHOOLERS, AGE 2 ½ TO 5 YEARS OLD REGISTER BY MAIL to ACPR GYMNASTICS, P.O. BOX 248, CHURCHVILLE, MD. 21028		
DAY	TIME	CLASS NAME
MONDAY 1 ST CLASS WILL BE HELD ON MAY 1 ST LAST CLASS ON JUNE 12 TH	9:00 TO 9:50AM	LTM
	9:00 TO 9:50AM	GYM I
	9:30 to 10:20AM	GYM III
	10:00 TO 10:50AM	GYM II
	10:00 TO 10:50AM	LTM
	10:30 TO 11:20AM	GYM I
	11:00 TO 11:50AM	LTM
	11:00 TO 11:50AM	GYM II
	11:30 TO 12:20PM	GYM I
	12:00 TO 12:50PM	LTM
	12:30 TO 1:20PM	GYM II
	1:30 TO 2:20PM	GYM III
	5:30 TO 6:20PM	LTM
	6:30 TO 7:20PM	GYM I
	7:30 TO 8:20PM	GYM II
TUESDAY 1 ST CLASS WILL BE HELD ON MAY 2 ND LAST CLASS ON JUNE 6 TH	9:00 TO 9:50AM	GYM I
	9:00 TO 9:50AM	GYM III
	10:00 TO 10:50AM	LTM
	10:00 TO 10:50AM	GYM I
	10:30 TO 11:20AM	GYM II
	11:00 TO 11:50AM	LTM
	11:00 TO 11:50AM	GYM II
	11:30 TO 12:20PM	GYM I
	12:30 TO 1:20PM	GYM II
	12:30 TO 1:20PM	GYM III
	1:00 TO 1:50PM	LTM
	1:30 TO 2:20PM	GYM I
WEDNESDAY 1 ST CLASS WILL BE HELD ON MAY 3 RD LAST CLASS ON JUNE 7 TH	9:00 TO 9:50AM	GYM I
	9:30 TO 10:20AM	GYM III
	10:00 TO 10:50AM	GYM II
	10:30 TO 11:20AM	LTM
	11:00 TO 11:50AM	GYM I
	11:30 TO 12:20PM	LTM
	12:30 TO 1:20PM	GYM I
	1:30 TO 2:20PM	GYM II
	5:30 TO 6:20PM	GYM I
	6:30 TO 7:20PM	LTM
	7:30 TO 8:20PM	GYM III

THURSDAY, FRIDAY AND SATURDAY CLASSES ON THE OTHER SIDE
LTM (LEARNING THRU MOVEMENT) - 2 ½ TO 3 ½ YEAR OLDS - must be 2½ by the first day of class
GYM I - 3 ½ TO 4 ½ YEAR OLDS
GYM II - 4 ½ YEAR OLDS thru KINDERGARTNERS
GYM III - KINDERGARTNERS WITH PREVIOUS GYMNASTICS EXPERIENCE

All classes will be held at the Churchville Recreation Center and are on a first come first serve basis contingent upon sufficient registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. THERE WILL BE NO REFUNDS OR TRANSFERS OF REGISTRATION. For questions, call 410/836-2080.

SPRING GYMNASTICS FOR PRE-SCHOOLERS (CONTINUED)

DAY	TIME	CLASS NAME
THURSDAY 1ST CLASS WILL BE HELD ON MAY 4TH LAST CLASS ON JUNE 8TH	9:00 TO 9:50AM	GYM II
	9:00 TO 9:50AM	LTM
	9:30 TO 10:20AM	GYM I
	10:00 TO 10:50AM	GYM III
	10:00 TO 10:50AM	GYM I
	10:30 TO 11:20AM	GYM II
	11:00 TO 11:50PM	GYM I
	11:00 TO 11:50AM	LTM
	11:30 TO 12:20PM	GYM II
	1:00 TO 1:50PM	GYM III
	2:00 TO 2:50PM	GYM I
FRIDAY 1ST CLASS WILL BE HELD ON MAY 5TH LAST CLASS ON JUNE 9TH	9:30 TO 10:20AM	GYM II
	9:30 TO 10:20AM	LTM
	10:30 TO 11:20AM	GYM I
	10:30 TO 11:20AM	GYM III
	11:30 TO 12:20PM	GYM I
	11:30 TO 12:20PM	LTM
	12:30 TO 1:20PM	LTM
	12:30 TO 1:20PM	GYM II
	1:30 TO 2:20PM	GYM II
	4:30 TO 5:20PM	GYM I
	5:30 TO 6:20PM	GYM II
SATURDAY 1ST CLASS WILL BE HELD ON MAY 6TH LAST CLASS ON JUNE 10TH	11:00 TO 11:50AM	LTM
	12:00 TO 12:50PM	GYM I
	1:00 TO 1:50PM	GYM II
	2:00 TO 2:50PM	GYM III

REGISTRATION FEE: \$35/ 6 WEEKS

No registrations will be taken without payment. Checks are made payable to: **CHURCHVILLE RECREATION COUNCIL**. Your canceled check will be your receipt. Please register by mail, mail the form with your payment to:

**ACPR GYMNASTICS
P.O. BOX 248
CHURCHVILLE, MD. 21028**

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2006 SPRING PRE-SCHOOL GYMNASTICS

DAY:	TIME:	CLASS NAME:	
CHILD'S NAME:		PHONE #:	
ADDRESS:		ZIP:	
DATE OF BIRTH:		AGE:	
PARENT'S NAME:			
EMERGENCY NAME & PHONE #:			
AMT. PD.	CASH	CHECK #	REG. DATE

I agree that I will not hold the program, instructor, or the Churchville Recreation Council responsible for any injuries received while participating in the gymnastics program. I understand that there are risks involved in any sport and I certify by my signature that my child is physically capable of participating in this program. Any physical condition or allergies that the instructor should be made aware of _____

Parent's Signature _____ Date _____